



**Public – To be published on the Trust external website**

# Safe Use of Long-Term Segregation (LTS)

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**Status: Approved**

**Document type: Procedure**

**Overarching Policy: Supporting Behaviours that Challenge Others**

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## 1 Introduction

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The Mental Health Act (1983) Code of Practice (2015) clearly describes the need for Trusts to have clear written guidelines on the use of seclusion and segregation.

The MHA (1983) does not specifically mention seclusion or segregation. The existing guidance on the definition and use of seclusion and segregation is provided by the MHA Code of Practice (2015) Chapter 26, Paras 26.103-26.160.

Our journey to Change sets out why we do what we do, the kind of organisation we want to become and the way we will get there by living our values, all of the time. To achieve this, the Trust has committed to three goals.

This procedure supports all three goals of Our Journey to Change.

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## 2 Purpose

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This procedure outlines the rationale and guidance underpinning the use of segregation and should be read in conjunction with Chapter 26 of the Mental Health Act Code of Practice (2015)

The procedure aims to:

- Ensure the safety and wellbeing of the patient.
- Ensure that use of segregation is considered in accordance with the organisation's commitment to the reductions of all forms of restrictive intervention
- Ensure the patient receives the care and support rendered necessary by their segregation both during and after it has taken place.
- Distinguish between seclusion, segregation and tiered behavioural support i.e. strategic withdrawal
- Specify a suitable environment that takes account of the patient's dignity and physical wellbeing.
- Ensure all staff are aware of their roles and responsibilities.
- Set requirements for recording, monitoring and reviewing the use of segregation and any follow up action.

### 3 Who this procedure applies to

- All staff working within inpatient services who have access to a seclusion room.
- All staff who are working within inpatient services and support the reviewing and monitoring of segregation episodes

### 4 Related documents



The Supporting behaviours Challenge Policy defines the standards for care and treatment in support those with behaviours challenge which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- Supporting behaviour that challenge others policy
- Safety and Risk Management policy (formerly known as Harm Minimisation Policy)
- Rapid tranquilisation Policy
- Policy on the use of Global Restrictive Practices (Blanket Restrictions) in In-Patient Units
- Tear Proof clothing procedure
- Safe use of long-term segregation procedure
- Privacy and dignity policy
- Human Rights, Equality Diversity and Inclusion Policy
- Safe use of mechanical restraint equipment procedure
- Engagement and Observation Procedure
- Physical health and wellbeing policy
- Health and safety policy
- Procedure for addressing verbal and physical aggression towards staff by patients, carers, and relatives
- CCTV Policy
- Visiting policy (inpatients)
- Searching of adult in-patients, their property, the environment, and visitors' policy
- Safe use of seclusion procedure
- Interpreting and Translation Policy

### 5 Defining Long-Term segregation (LTS)

The Mental Health Act (MHA) Code of Practice defines LTS as “a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review that includes a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis”.

The criteria for using LTS should be that it has “been determined that the risk of harm to others would not be ameliorated by a short period of seclusion combined with any other form of treatment. The clinical judgement is that, if a patient was allowed to mix freely in the general ward environment, other patients or staff would continue to be exposed to a high likelihood of serious injury or harm over a prolonged period of time”.

Whilst the code provides an explicit definition of long-term segregation the recent **Care Quality Commission (2020), Briefing on the use of Long-Term Segregation** asks providers to consider situations where access to the ward environment is restricted but is done so for the individuals own benefit, not purely on the grounds of the risks that they may pose to others. We should always challenge ourselves and ask the question:

*Can the patient leave the situation of being separated from others when they want to – that is, are they prevented by staff from leaving?*

Long term segregation has the potential, in individual cases, to amount to inhuman and degrading treatment (Absolute Human Right), particularly in situations where the restriction is no longer required or is still in place due to delays in placements being made available. Consideration must always be given to the potential of iatrogenic harm that can result from this type of restriction. Emphasis on good quality of life intervention needs to be maintained throughout any period of Segregation i.e. therapeutic intervention, activity, access to family and access to outside spaces.

## 6 Implementation of Long-Term Segregation

### 6.1 Authorising the use long term segregation

All forms of Segregation can only be implemented following a multi-disciplinary review, which includes a representative of the:

- Responsible commissioning authority
- Associate Director of Nursing and Quality (ADoN&Q)
- Assistant Medical Director (AMD)
- General Manager (GM)

Where it is determined that segregation is unavoidable. They can clearly evidence that the use of LTS is the ‘least restrictive’ option and not in breach of the person’s human rights.

Following a decision to implement Long Term Segregation the situation should be escalated to:

- General Manger (GM) where the patient is currently placed, who will inform the Director of Operations for the Locality
- Assistant Medical Director (AMD) for the locality/Specialty who will inform the Medical Director for the speciality.
- Associate Director of Nursing and Quality (ADoN&Q) for the locality who will inform the Deputy Chief Nurse
- TEWV Safeguarding team.
- Positive and safe practitioner for locality who will inform the Lead Nurse for Positive & Safe Care
- Mental Health Legislation Team

In certain cases, patients may require referral to a higher level of secure accommodation within secondary care services. A longer period of segregation may be required if assessment for, or transfer to, more appropriate services is taking place. These details must be included in the management plan and are to include expected time periods for assessment/transfer.

## 7 Commencement of Segregation

- A new episode of seclusion must be created on persons electronic care records.
- An Incident report must be completed.
- The reasons for the decision to segregate must be recorded in persons electronic care records (see appendix 3)
- A clinical assessment of risk must be undertaken for all persons in segregation and placed in the person's healthcare record.
  - Detail what de-escalation interventions will continue to be completed to support early termination of segregation.  
**As a minimum the care plan must include:**
    - Assessment and management of risks presented.
    - Steps to be taken towards the safe termination of seclusion as soon as is practicable.
    - The persons communication and sensory needs.
    - Activity plan for time in seclusion
    - Roles and responsibilities for MDT members; this includes extended members of the MDT who would usually visit/provide input to the secluded individual such as chaplaincy or exercise therapist.
    - Clothing/bedding needs
    - Any reviews of medication required.
    - Details of access to personal hygiene/toileting facilities

- Details of access to or restrictions to eating utensils and reading materials
  - Assessment of fluid and nutritional needs. Note that fluids should be offered to the person every hour and recorded on a fluid chart if fluid input is considered a specific physical need or concern.
  - The monitoring of a person's physical condition when parenteral medication (either depot or emergency medication or rapid tranquilisation) has been or is due to be administered.
  - The minimum number of staffing levels.
  - Reference to a positive behavioural support plan or advanced statement, including any behaviour monitoring requirements.
  - The person's view regarding his/her being secluded.
  - Information about how relatives or carers are to be kept informed (dependent upon previously agreed positive behavioural plans or advanced statements)
  - Clear termination and reintegration plan
- Clear documentation within the person's clinical record

## 8 Patient experience

- Patients who require to be nursed within segregation for any period will be treated with respect and dignity throughout
- All patients should have a positive behavioural support plan or crisis support plan and be encouraged to participate in the development of such plans if able and willing to do so with any support they require.
- Patients should be encouraged to make an advanced statement with respect to the use of restrictive practices if able and willing to do so.
- A copy of this policy should be readily available to patients on request.
- The safeguarding lead for the trust should be informed whenever a patient makes a complaint about the use of seclusion or long-term segregation [Chapter 26.171]
- Whenever possible patients should be encouraged to participate in the development of the segregation care plan. This should be evidenced in the patient's healthcare record.
- Unless clinically contra-indicated, the patient should be given a copy of the segregation care plan. If contra-indicated, the reasons for same must be clearly recorded in the patient's healthcare record.
- Following the use of segregation the patient should be supported and given the opportunity to participate in a de-brief process to help them understand what has happened and why [Chapter 26.167]

- If the patient is able and willing, then this should be undertaken by someone of the patient's choice [Chapter 26.169] If willing or able, the patient's account of the incident giving rise to the use of segregation, including feelings, anxieties or concerns, should be documented in their healthcare record [Chapter 26.170]
- If a patient is not able or willing to participate in a de-brief process then assessments of the effects of the use of segregation on behaviour, emotions and clinical presentation should be undertaken and recorded in the patient's positive behavioural support plan/crisis support plan [Chapter 26.168]

Whilst in segregation, the person will be.

- Advised of the reasons for being placed in segregation. This should be repeated at subsequent reviews if required.
- Advised of the termination/reintegration plan – this should include an explanation of the review processes.
- Informed of how they will be supported by staff
- Informed that their fluid and food intake (balance) will be monitored and recorded if required.
- Given access to toilet and washing facilities and will, if supervision is required, be supervised by a staff of the patients preferred gender.
- Have access to a bedroom, lounge, outdoor space and bathroom and advised they are free to access all these areas
- To have access to ongoing therapeutic interventions
- Advised that staff will remain present at all times within the ward environment and be made aware of the staffing levels
- Be advised that nursing staff relay messages to legal representatives, CQC and advocacy (both statutory and non-statutory) as required. This is to include chaplaincy contact.
- Able to have access and opportunity to engage in meaningful activity regularly
- Offered and supported to maintain activities in line with their cultural, spiritual and religious needs.
- Encouraged to discuss with staff issues affecting their psychological presentation and safety.
- Informed that their family or carers will be made aware of their situation if previously agreed in a positive behaviour support plan or crisis support plan, or advance statement. It is the responsibility of the Responsible Clinician to ensure the family/carers are informed.
- Access to a telephone if considered safe and clinically appropriate.
- Have a plan around ensuring they maintain contact with their family and friends

- A copy of this policy will be made available to the patient or a summarised version that meets their communication needs
- Informed of how to receive visits should this be deemed clinically and risk appropriate

## 8.1 Environmental Consideration for the use of long-term segregation

The mental act code of practice (2015) identifies that “It is permissible to manage this small number of patients by ensuring that their contact with the general ward population is limited. The environment should be no more restrictive than is necessary. This means it should be as homely and personalised as risk considerations allow.” (26.151)

Prior to the use of long-term segregation, the designated space in which the seclusion is to be implemented must be considered for the following:

- Consideration of staffing level including access to senior staff and the wider MDT
- Is there access to a secure outdoor space.
- Access to a specified bathroom
- An identified bedroom for the patient
- A designated Lounge area
- Can therapeutic activity be provided and does the patient have access to staff and are they not isolated from human contact for long periods.
- Can the patient continue to receive appropriate health care including screening programmes, physical and mental health, dental and optical care.

It is essential that services continually monitor the environments in which segregation is utilised and should be considered at all stage of the LTS review process.

## 9 Monitoring and review of Long-Term Segregation

When authorising any form of LTS a Segregation Intervention plan should be develop and agreed within the multi-disciplinary team, including the patient and their family or carer if appropriate, the plan should include the following:

- A clear rationale for why LTS was implemented, including evidence that consideration was given to alternative options of treatment, that the restriction is the least restrictive option and considers the human rights of the individual.

- The patients view on the restriction, including how they will be given information on the intervention and offered the opportunity to contribute or offer feedback.
- Evidence that, where appropriate, carers or family have been consulted before authorising the use of LTS.
- A care plan that focuses on what needs to be achieved for LTS to be terminated.
- The care plan should focus on dynamically understanding the conditions of least restrictive practice and should provide specific reference to how it links to the patients behaviour support plan.
- Identify the space in the ward/service where segregation is to be implemented, including the specific consideration that has been given to support the individual's needs.
- Identify how the patient will have regular access to occupational therapy and appropriate activities while in LTS.
- Consideration of how the wider treatment will continue to be delivered including access to both psychological and pharmacological treatments where appropriate.
- Evidence that the TEWV Safeguarding Team and Positive and Safe lead has been notified regarding the implementation LTS.

When Long Term Segregation has commenced this will be escalated to relevant professionals involved including those identified in 4.1. It should be documented in the patient electronic health care record and an Inphase must be completed.

Matrons for each clinical area that LTS is used will be expected to provide a report of its use (including if it has not been used) into the positive and safe governance meetings, speciality/service governance meetings and local Quality Assurance Governance Improvement group (QUAIG) so any use can be reported into the care group and Trust wide Quality Assurance Committee (QAC).

## 9.1 Daily Monitoring and Review

**Throughout a period of Long-Term Segregation staff directly supporting the patient will:**

- Provide hourly documentation of the patients' condition on within their electronic care records
- Document any therapeutic interactions or activities that were offered and completed.
- Appropriate monitoring of physical health (e.g. regular physical observations, food and fluid charts if appropriate).

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**During each 24-hour period that a patient remains in LTS a review by an approved clinician will be completed including the following:**

- Date and time that the segregation commenced.
- Duration of the segregation
- Is there a segregation plan in place, does it require updating or a review.
- Evidence of how the patient has contributed to the review, including their views and understanding of the current intervention.
- A review of the patient's condition over the previous 24 hours including therapeutic interaction, activities, incidents of behaviours that challenge or risk present throughout the 24 hour period.
- Were any other forms of restrictive intervention utilised in the last 24 hours in order to keep the patient safe i.e. physical restraint, rapid tranquilisation.
- Evidence to support that the segregation can either end or must continue, providing a rationale for the decision.
- Where possible the review should be completed in person
- The review should be documented in detail on persons electronic care record and shared with the multi-disciplinary team.

Emphasis throughout the review process should include how the patient is involved in the decisions and a discussion with the patient of the processes and what is expected so that they can return to a general area of the ward.

Independent mental health advocates should make regular visits to inpatient settings, particular efforts should also be made to facilitate access to advocacy for patients in isolation, seclusion or segregation.

## **9.2 Weekly Review**

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A weekly internal MDT meeting that includes the patient's responsible clinician, a general review of the patient's care and treatment should include consideration of the restrictions placed on the patient, a clear plan to reduce or end the restrictions placed on the patient and consideration to the patient's views and their understanding of what is required from them in order to remove the restrictions.

Within the initial MDT there should be discussion and identification of tasks, roles and/or referrals for MDT members whilst they are supporting the person within segregation, i.e. Speech and Language therapy, Physiotherapy, Occupational therapy, dietetics, activity worker, psychology, fitness instructors.

It is imperative that there is a clear plan for activity and occupation agreed within 24 hours of commencing segregation and documented within segregation care plan.

### 9.3 Monthly Review

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For each month that a patient remains within Long Term Segregation an extended MDT should take place, including:

- The patient's responsible clinician/ approved clinician
- Representatives from the nursing team who are providing LTS support
- Representative from the commissioning organisation
- An IMHA if the patient has one
- Representative from internal safeguarding teams
- Where available the Head of Nursing for the locality
- Where available the trust Positive and Safe Lead

A detailed review of the patient's care needs which will be based on accurate relevant data specific to the individual including behaviours, risks and restrictions. The review must consider current restrictions placed on the patient, the plans in place to minimise or end those restrictions and discussion of any barriers to progress effective care and treatment for the patient.

### 9.4 3-Monthly independent reviews

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External independent review of care must occur every 3 months post commencement of segregation.

These reviews must be fully independent MDT team from TEWV. At a minimum this must include:

- Members of the person's core MDT
- External responsible clinician and/or approved clinician
- External nurse/AHP or Psychologist
- IMHA and Commissioner must be invited and consulted.
- TEWV will be responsible for the documentation of this review and ensuring recommendations/actions are recorded and completed.

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## 10 HOPE(S) Barriers to change checklist

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- 7 days post commencement of segregation a Barriers to Change Checklist (BCC) will be completed by the persons home MDT:
- The facilitator of the BCC must be a member of the senior leadership for the MDT (I.E. Modern Matron, RC, ward manager, RC, Psychologist, OT) and must have completed the 2-day BCC training.
- This review will identify key intervention targets to support the termination of segregation.
- The completed BCC inclusive of intervention targets will be sent to the following professionals:
  - Associate director of nursing
  - Service lead for behaviours that challenge.
  - TEWV HOPE(S) Practitioner
  - Care group lead for positive and safe.
- If the 7 days falls over a weekend the BCC will be completed at the earliest opportunity the next working week.
- Progress/updates with Key Intervention Targets will be monitored daily within ward governance structures.
- The BCC will be repeated every 28 days until termination of segregation.

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## 11 Individuals who sit outside of seclusion and segregation definitions from the code

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Whilst TEWV are committed to following the processes outlined within the Mental Health Act Code of Practice to support our patients and provide the necessary safeguards there maybe extraordinary cases where the MDT has cogent reasoning that requires them to support a person who presents outside of the definitions discussed above (i.e. acute behavioural distress that is not defined under risk to others).

If this occurs, then the following process is to be followed:

- Complete a variance to practice which clearly outlines reasons, review and monitoring processes required, termination/reintegration plan.
- Variance must be presented to and agreed via variance to practice panel inclusive of director of nursing, medical director, and positive and safe lead for the care group.
- These cases must be closely governed & monitored under positive and safe network for each care group.

- 3 monthly reviews by the trust reducing restrictive interventions panels.

## 12 Definitions

Acronym or word	Definition
<b>BCC</b>	HOPE(S) Barriers to change checklist. Targeted framework to identify and support services in defining the barriers within 4 domain areas (Risk, Environment, System, Individual) as to why seclusion cannot be terminated swiftly.
<b>HOPE(S) Model of care</b>	The HOPE(S) model is an ambitious human rights-based approach to working with patients in long term segregation developed from research and clinical practice. In partnership with Mersey Care NHS Foundation Trust, NHS England is funding the roll out of this model across services in England.  The clinical model was developed by Mersey Care NHS Foundation Trust to reduce the use of long-term segregation sometimes experienced by autistic adults, adults with a learning disability and children and young patients when in hospital. Sixteen specialist practitioners have been recruited to deliver this important programme.
<b>LTS</b>	Long-term segregation - a situation in which a patient is not allowed to mix freely with other patients on their ward or unit on a long-term basis. Long-term segregation is used when a patient presents a high likelihood of causing serious injury to others over a prolonged period.
<b>WM</b>	Ward Manger
<b>MM</b>	Modern Matron
<b>AMD</b>	Associate Medical director
<b>ADoN&amp;Q</b>	Associate Director of Nursing and Quality
<b>GM</b>	General Manager
<b>P&amp;S LP</b>	Positive and safe lead Practitioner for care group
<b>Seclusion</b>	Restricting someone's movements by leaving them alone in a room or separate space that they cannot leave, to prevent them hurting themselves or someone else
<b>PBS</b>	A person-centred framework for providing long-term support for patients with a learning disability or those who are deemed clinically requiring this, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person-centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and

	maybe the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour, so we can better meet patient's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.
<b>Challenging behaviour</b>	Some patients display behaviour that may put themselves or others at risk, or that may prevent the use of ordinary community facilities or a normal home life. This behaviour may include aggression, self-injury, stereotyped behaviour or disruptive and destructive behaviours. These behaviours are not under the control of the individual concerned and are largely due to their lack of ability to communicate. Challenging behaviour is defined as: "Culturally abnormal behaviour(s) of such an intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities."
<b>Trauma informed care</b>	Incidents that patients experience as being physically or emotionally harmful, or life-threatening, can cause trauma. Trauma can have lasting adverse effects on an individual's functioning and mental, physical, social, emotional or spiritual wellbeing. A trauma-informed approach to healthcare aims to provide an environment where a person who has experienced trauma feels safe and can develop trust.
<b>Code of practice</b>	Statutory guidance to health professionals on how they should carry out functions under the Mental Health Act
<b>Restrictive intervention</b>	Restrictive interventions are defined as deliberate acts by providers that restrict a person's movement, liberty and/or freedom to act independently in order to take immediate control of a dangerous situation, where there is a real possibility of harm to the person or others if no action is undertaken, so that the danger to the persons or others may be ended or reduced significantly
<b>Behaviour assessment also referred to as functional assessment</b>	The gathering of information (Data) on the circumstances and context of a person's behaviour that aims to understanding why behaviours occur.
<b>Behaviour Support Plan</b>	A clinical record that documents the support that will be provided to manage a person's behaviour
<b>Post incident review</b>	A Restrictive Intervention Post-Incident Review is a meeting conducted by the TEWV following an incident of a Restrictive Intervention to identify and address any physical harm to the person or staff, ongoing risks, and the emotional impact on the person or staff.

## 13 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.

- Line managers will disseminate this procedure to all Trust employees through a line management briefing.
- Awareness of the policy raised throughout Staff Positive and Safe Training

### 13.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All inpatient patient facing staff	Positive and safe training Level 2	Initial 5 days 2-day update	Yearly
Band 5 and above nursing, AHP, Psychology and Responsible clinicians	Barriers to change checklist training	2 days	Once only
All band 2,3,4 staff	HOPE(S) awareness training	½ day	Once only

### 14 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Reporting on the use of seclusion and segregation including the number of episodes, length of episodes and number of persons secluded and segregated.	The Mental Health Legislation Department provides a report to the Mental Health Legislation Committee (a sub-group of the Trust Board) on a quarterly basis.	If trends or unusual activity become apparent the Mental Health Legislation Committee will seek clarification and strategies to address the issues from the appropriate service manager.

2	Duration and frequency of long term segregation	Frequency = monthly Method = via positive and safe dashboards Responsible = individual ward managers and matrons	Reported via Positive and safe care governance meetings monthly
3	Annual and quarterly positive and safe report	Frequency = yearly and quarterly updates Method = Report Responsible = Positive and Safe leads	Reported to trust board of directors, care group boards and clinical teams
4	Compliance with statutory reviews	Frequency = daily Method = Audit Responsible = Ward staff and overarching leaders	Reported via care group positive and safer governance meetings around compliance with MHA code statutory requirements

## 15 References

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## 16 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	19 November 2025
Next review date	19 November 2028
This document replaces	CLIN-0019-006-v1 Safe use of long-term segregation procedure
This document was approved by	Executive Clinical Leaders Subgroup
This document was approved	19 Nov 2025
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	March 2025
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
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v2	19 Nov 2025	<p>Changes from PARIS to electronic care record</p> <p>Changes from datix to incident reporting system</p> <p>Inclusion of human right implications</p> <p>Inclusion of patient experience</p> <p>Amendments to commencement of segregation</p> <p>Inclusion of barriers to change checklist</p> <p>Removal of any LTS that sits outside of code of practice</p> <p>Inclusion of variance to practice procedures for LTS</p> <p>Update to environmental considerations</p> <p>Amendments to names of trust governance meetings</p>	Approved
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## Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

<b>Section 1</b>	<b>Scope</b>
<b>Name of service area/directorate/department</b>	Positive and safe care
<b>Title</b>	Safe use of long-term segregation
<b>Type</b>	Procedure
<b>Geographical area covered</b>	Trust wide
<b>Aims and objectives</b>	<p>This procedure outlines the rationale and guidance underpinning the use of segregation and should be read in conjunction with Chapter 26 of the Mental Health Act Code of Practice (2015)</p> <p>The procedure aims to:</p> <ul style="list-style-type: none"> <li>• Ensure the safety and wellbeing of the patient;</li> <li>• Ensure that use of segregation is considered in accordance with the organisation's commitment to the reductions of all forms of restrictive intervention</li> <li>• Ensure the patient receives the care and support rendered necessary by their segregation both during and after it has taken place;</li> <li>• Distinguish between seclusion, segregation and tiered behavioural support i.e. strategic withdrawal</li> <li>• Specify a suitable environment that takes account of the patient's dignity and physical wellbeing;</li> <li>• Ensure all staff are aware of their roles and responsibilities;</li> <li>• Set requirements for recording, monitoring and reviewing the use of segregation and any follow up action.</li> </ul>

Start date of Equality Analysis Screening	March 2025
End date of Equality Analysis Screening	March 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All Inpatients All inpatient staff
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Human Rights Implications YES</b> <a href="#">(Human Rights - easy read)</a></li> </ul>
<b>Describe any negative impacts / Human Rights Implications</b>	<p>It has been identified that there could be Human Rights implications when carrying out this procedure</p> <p>If any absolute rights are being restricted or interfered with by carrying out this procedure then staff must prioritise upholding these rights, this could mean taking reasonable steps to ensure that the least restrictive practice is used.</p> <p>If non-absolute rights are being restricted, staff must ensure any restrictions are lawful, for a legitimate reason, and necessary and proportionate.</p>
<b>Describe any positive impacts / Human Rights Implications</b>	<p>The procedure recognises the potential impact on Human Rights and supports staff to uphold the patients Human Rights when carrying out this procedure</p> <p>Cultural, spiritual and religious needs are considered throughout the procedure.</p> <p>Access to interpretation and translation will be available for the patient and family if required.</p>

<b>Section 3</b>	<b>Research and involvement</b>
<b>What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)</b>	See reference list
<b>Have you engaged or consulted with patients, carers, staff and other stakeholders including people from the protected groups?</b>	No
<b>If you answered Yes above, describe the engagement and involvement that has taken place</b>	

<p><b>If you answered No above, describe future plans that you may have to engage and involve people from different groups</b></p>	<p>Trust implementation of positive and safe strategy to incorporate lived experience over coming 12 months</p>
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Section 4	Training needs
<p><b>As part of this equality impact assessment have any training needs/service needs been identified?</b></p>	<p>Yes</p>
<p><b>Describe any training needs for Trust staff</b></p>	<p>HOPE(S) awareness and Barriers to change checklist training. Positive and safe care training</p>
<p><b>Describe any training needs for patients</b></p>	<p>n/a</p>
<p><b>Describe any training needs for contractors or other outside agencies</b></p>	<p>n/a</p>

**Check the information you have provided and ensure additional evidence can be provided if asked.**

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1. Title</b>		
Is the title clear and unambiguous?	yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
<b>2. Rationale</b>		
Are reasons for development of the document stated?	yes	
<b>3. Development Process</b>		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	No	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4. Content</b>		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
<b>5. Evidence Base</b>		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	
<b>6. Training</b>		

Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
<b>7. Implementation and monitoring</b>		
Does the document identify how it will be implemented and monitored?	Yes	
<b>8. Equality analysis</b>		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9. Approval</b>		
Does the document identify which committee/group will approve it?	Yes	
<b>10. Publication</b>		
Has the policy been reviewed for harm?	yes	No harm
Does the document identify whether it is private or public?	yes	public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
<b>11. Accessibility</b> ( <a href="#">See intranet accessibility page for more information</a> )		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	yes	
Do all pictures and tables have meaningful alternative text?	yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	yes	

# Appendix 3 - The Barriers to Change Checklist (BCC)

THE BARRIERS TO CHANGE CHECKLIST MUST ONLY BE COMPLETED BY STAFF WHO HAVE COMPLETED 2 DAY HOPE(S) TRAINING AND MUST BE COMPELTED IN CONJUNCTION WITH THE CLINICAL GUIDANCE RECEIVED FOLLOWING TRAINING

Name:

Ward/Team:

Date:

Review:

Safety check		Yes	No
1	Is the team assured the person is safe from harm?	<input type="radio"/>	<input type="radio"/>
2	Is the team confident their human rights are being upheld?	<input type="radio"/>	<input type="radio"/>
3	Is the team confident family and/or carers are involved in the person's care, as appropriate?	<input type="radio"/>	<input type="radio"/>
4	Does the person have an advocate actively acting on their behalf?	<input type="radio"/>	<input type="radio"/>
5	Are the person's cultural, religious and diverse preferences and needs being met?	<input type="radio"/>	<input type="radio"/>

The following questions have been developed to enable you to assess the progress interfering factors that are maintaining and preventing the person's progress out of long-term segregation. As a team, please read each question and its corresponding definition and indicate how much it applies in this case by scoring either **Yes** or **No**.

1. To ensure the checklist remains person-centred please use the person's name where indicated in each question.
2. Once scored, please total the scores and complete the final score boxes at the end of the Team Questions section.
3. Please complete the Self-Report questions with the person in long-term segregation (LTS).
4. Once completed use the team and self-report questions to identify SMART intervention targets that will promote positive changes.

## Team Questions

Engagement and system factors		Yes	No
1	Are there any staff members who have positive relationships with (person's name) who engage with them regularly?		
2	Are there any staff with relationships that are valued by (person's name) and can influence their behaviour through mutual trust?		
3	Are anxiety and previous trauma affecting any staff member's ability to deliver effective care for (person's name) due to history, reputation etc.?		
4	Are local rules, protocols or constraints on service provision (e.g. staffing) obstructing the delivery of person-centred care?		
5	Does the team apply lots of restrictive consequences to (person's name) distressed behaviour?		
6	Is (person's name) likely to progress out of segregation in the current setting in the next month?		
7	Do all staff members working with (person's name) have appropriate training and supervision?		
8	Are there significant service challenges to meeting (person's name) needs outside of segregation?		
9	Are there key professionals in the team who have the realistic hope to promote significant change for (person's name) in the next month?		

**Total score:**

Opportunities and environment		Yes	No
1	Does (person's name) have opportunities to make decisions and choices in their daily life (e.g. clothes, lighting, heating and activities)?		
2	Is there a suitable low stimulation, safe place that (person's name) can access when they are out of segregation?		
3	Are there structured meaningful activities and/or education available to (person's name), both in and out of segregation?		
4	Is (person's name) involved in the wider ward and hospital or community?		
5	Is (person's name) and their family, carers or advocates active partners in their care plans?		
6	Is there a graded reintegration plan in place?		
7	Is (person's name) motivated to engage in activities?		
8	Does (person's name) have an individual timetable of activities that is shared with them e.g. a day planner or a 'now and next' approach?		
9	Is there a clear plan that explains the criteria for progressing (person's name) out of segregation?		

**Total score:**

Preventing risks (P)		Yes	No
1	Has (person's name) been involved in an incident in which someone has been seriously harmed? Is this event still prominent in staff's and (person's name) thinking?		
2	Has (person's name) significant incidents been analysed in detail?		
3	Is there a thorough functional assessment and formulation of (person's name) distressed behaviour and therapeutic needs in relation to risk to self and others?		
4	Is there a risk management plan that includes managing short-term and immediate risks?		
5	Is there a plan which identifies preventative factors and (person's name) strengths?		
6	Is it clear to the team how segregation contributes to the management of (person's name) specific risks on a daily basis?		
7	Are frontline staff aware of (person's name) indicators of distress or relapse?		
8	Are staff confident and competent in safely supporting, if required any form of distressed behaviour out of segregation?		
9	Are staff aware of effective prevention (e.g. distraction, communication strategies, sensory modulation interventions and other coping strategies that assist (person's name) to manage their levels of arousal, symptoms and behaviours?		

<b>Total score:</b>	
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Individual (E)		Yes	No
<b>Primary factors</b>			
1	Is (person's name) distressed behaviour causing harm difficult to predict?		
2	Are the relevant risk factors to self and to/from others treated and managed effectively?		
3	Is there a therapeutic plan that is based on a multi-disciplinary formulation? Is this integrated into (person's name) daily routines and care?		
<b>Secondary factors</b>			
4	Is (person's name) highly anxious about being out of segregation?		
5	Is (person's name) realistically hopeful about progressing out of segregation and their future?		
6	Is (person's name) involved in a battle with the system? For example, do they feel unfairly treated, persecuted, oppressed, or neglected by the team/service?		
7	Are (person's name) social abilities appear to be affected by segregation? For example, do they appear unusually socially anxious, cut off, disinterested or slow in processing information?		
8	Does (person's name) show a startle response or signs of hyper-arousal?		
9	Is there a thorough assessment and understanding of (person's name) physical health needs? Are these being met?		

<b>Total score:</b>	
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## Scores

<b>Engagement and system factors</b>	
<b>Opportunities and environment</b>	
<b>Preventing risks</b>	
<b>Individual factors</b>	

Other issues specific to the person, the system and environment which need to be considered in relation to reducing segregation:

## Self-Report Questions

Please complete these questions with the person in segregation

<p><b>While you are in segregation:</b></p> <ul style="list-style-type: none"> <li>• What do find difficult about being in segregation?</li> <li>• Is there anything good about it?</li> <li>• What things would you like to have in your room?</li> <li>• What activities would you like to take part in?</li> <li>• What can we do to make being in segregation better for you?</li> </ul>	<p>In segregation, the things I find difficult are:</p>
<p><b>What would you like to happen in the next week?</b></p>	<p>Next week I would like:</p>
<p><b>Are there staff members that you get on with and trust?</b></p> <ul style="list-style-type: none"> <li>• What are their names?</li> <li>• What do you like about them?</li> </ul>	<p>I trust:</p>
<p><b>What needs to happen so you can move out of segregation?</b></p> <p>Think about what might need to change:</p> <ul style="list-style-type: none"> <li>• for you</li> <li>• with staff</li> <li>• in your room</li> <li>• on the ward</li> <li>• with other people</li> </ul>	<p>Things that need to change include:</p>
<p><b>What helps you to keep safe?</b></p> <ul style="list-style-type: none"> <li>• From others</li> <li>• From yourself</li> </ul>	<p>Things that help to keep me safe include include:</p>
<p><b>Do you have enough time with your family, carers, friends and other important people?</b></p>	
<p><b>Is there someone (who you can trust and knows you well) who you would like to speak for you or go with you to meetings?</b></p>	<p>The person that I can trust to speak up for me is:</p>

## Self-Report Questions

Please complete these questions with the person in segregation

<p><b>While you are in segregation:</b></p> <ul style="list-style-type: none"> <li>• What do find difficult about being in segregation?</li> <li>• Is there anything good about it?</li> <li>• What things would you like to have in your room?</li> <li>• What activities would you like to take part in?</li> <li>• What can we do to make being in segregation better for you?</li> </ul>	<p>In segregation, the things I find difficult are:</p>
<p><b>What would you like to happen in the next week?</b></p>	<p>Next week I would like:</p>
<p><b>Are there staff members that you get on with and trust?</b></p> <ul style="list-style-type: none"> <li>• What are their names?</li> <li>• What do you like about them?</li> </ul>	<p>I trust:</p>
<p><b>What needs to happen so you can move out of segregation?</b></p> <p>Think about what might need to change:</p> <ul style="list-style-type: none"> <li>• for you</li> <li>• with staff</li> <li>• in your room</li> <li>• on the ward</li> <li>• with other people</li> </ul>	<p>Things that need to change include:</p>
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<p><b>Do you have enough time with your family, carers, friends and other important people?</b></p>	
<p><b>Is there someone (who you can trust and knows you well) who you would like to speak for you or go with you to meetings?</b></p>	<p>The person that I can trust to speak up for me is:</p>

**Intervention Target 2** – This should focus on the issue that is most critical (i.e., if not addressed segregation is unlikely to end).

**Specific**

What needs to be done, who will do it and how will it be done?

**Measurable**

What outcomes will be monitored and measured and how?

**Achievable**

Is the person likely to be able to manage what needs to be done?

Does the person need additional support (e.g. reasonable adjustments) to achieve the target?

Do staff need additional support, supervision or training?

**Relevant**

Will this target directly contribute to help the person leave LTS?

**Time bound**

What is a realistic yet ambitious date by when the target can be achieved?

**Intervention Target 3** – This should be a goal that can be easily and quickly achieved.

**Specific**

What needs to be done, who will do it and how will it be done?

**Measurable**

What outcomes will be monitored and measured and how?

**Achievable**

Is the person likely to be able to manage what needs to be done?

Does the person need additional support (e.g. reasonable adjustments) to achieve the target?

Do staff need additional support, supervision or training?

**Relevant**

Will this target directly contribute to help the person leave LTS?

**Time bound**

What is a realistic yet ambitious date by when the target can be achieved?